

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 17, 1987

ALL COUNTY INFORMATION NOTICE NO. 1-104-87

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED ALIEN SPONSOR'S MONTHLY INCOME AND RESOURCES REPORT [CA 72 (7/87)] FOR AID TO FAMILIES WITH DEPENDENT CHILDREN, RCA AND RDP

REFERENCE: ALL COUNTY LETTER NO. 87-73

The purpose of this letter is to inform counties that the revised Alien Sponsor's Monthly Income and Resources Report [CA 72 (7/87)] is now available through the Department of Social Services warehouse. The form may be ordered through the usual procedures. Counties may use their old stock until it is depleted. A reproducible copy is attached for those counties that print their own forms.


Due to the implementation of the Food Stamp Omnibus Budget Reconciliation Act Non-Discretionary provisions outlined in All County Letter 87-73, the CA 72 has been revised to remove all references to the Food Stamp Program. Other form modifications have been made.

SPECIFIC CHANGES

- o All references to the Food Stamp Program have been removed.
- o The title of the form has been changed to "Sponsor's Monthly Income and Resources Report".
- o The instructions that followed question #3 have been removed.
- o Question #4 has been changed to parallel the July 1, 1987 Monthly Eligibility Report (CA 7).
- o Question #5 has more space in which to explain changes.
- o There is more space in the county use only section on the front page.
- o Question #7 has been modified to allow more space for the persons name and for the explanation of the change.

- o Question #10 has more space for the explanation of any changes.
- o The Certification Section has been modified to eliminate the reference to the Food Stamp penalties for Intentional Program Violation and other Food Stamp Program references.
- o The County Use Only section has been modified to remove the references to the Food Stamp Program.

If you have any questions regarding the CA 72, please contact Barbara Cox of the AFDC and Food Stamp Policy Implementation Bureau at 916/324-2014.


ROBERT A. HOREL
Deputy Director

Attachment

cc: CWDA

**SPONSOR'S MONTHLY INCOME
AND RESOURCES REPORT**

COMPLETE, SIGN, DATE AND RETURN THIS FORM AFTER THE LAST DAY OF:

CASE NAME

THIS REPORT IS FOR THE MONTH OF:

CASE NUMBER

- You and your spouse (if living together) must complete and sign this report and return it to the alien you sponsor **immediately**.
- The alien must return this report to the county by the 5th of the month. If a complete report, including verification, is not received by the 11th, the alien's Cash Aid may be delayed, lowered, or stopped.
- Call the Welfare Department if you need help completing this form.
- Alien's Name and Address

WORKER:

PHONE:

1 SPONSOR'S NAME (FIRST, MIDDLE, LAST)

2 SPONSOR'S SPOUSE'S NAME (IF LIVING TOGETHER) (FIRST, MIDDLE, LAST)

3 Do you or your spouse receive Cash Aid, such as Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI)?

☐ YES ☐ NO

If Yes, complete below:

| CASE NAME | DATE OF BIRTH | TYPE OF ASSISTANCE | COUNTY | STATE |
|-----------|---------------|--------------------|--------|-------|
| | | | | |
| | | | | |

If both you and your spouse receive Cash Aid, answer Question 10 and complete the Certification Section.

4 Did you or your spouse receive income, money or benefits in the month, such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement, unemployment/disability insurance, interest, worker's compensation, SSI/SSP, child/spousal support, loans, grants, tax refund, cash gifts, free housing/utilities, etc?

☐ YES ☐ NO

If Yes, list who received income, employer, gross amount before deductions, actual date received. Attach pay stubs or other proof of earnings each month. Attach proof for any other income only when it starts and when it changes.

If self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.

| NAME | SOURCE | AMOUNT \$ DATE RECEIVED | AMOUNT \$ DATE RECEIVED | AMOUNT \$ DATE RECEIVED | AMOUNT \$ DATE RECEIVED | AMOUNT \$ DATE RECEIVED |
|------|--------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| | | | | | | |
| | | | | | | |

5 Did you or your spouse have any changes in personal and/or real property in the month such as: receive, buy, sell or give away a motor vehicle, camper, boat, land or house, etc.?

☐ YES ☐ NO

If Yes, explain the type of change, date of change and the amount if applicable:

6 Did you or your spouse have a checking, savings or credit union account open at the end of the month?

☐ YES ☐ NO

If Yes, complete below:

| | | | | | |
|---------------------------------------|-------------------------------------|----------------|---------------------------------------|-------------------------------------|----------------|
| <input type="checkbox"/> Credit Union | Balance On Last Day of Report Month | Whose Account? | <input type="checkbox"/> Credit Union | Balance On Last Day Of Report Month | Whose Account? |
| <input type="checkbox"/> Checking | | | <input type="checkbox"/> Checking | | |
| <input type="checkbox"/> Savings | \$ | | <input type="checkbox"/> Savings | \$ | |

COUNTY USE ONLY

E.W. INITIALS

DATE:

7 Was there a change in the number of persons who are claimed as dependents for federal income tax purposes by you or your spouse? ☐ YES ☐ NO
If Yes, complete below:

| NAME OF PERSON(S) | DOES PERSON LIVE WITH SPONSOR? | DATE OF CHANGE | EXPLAIN WHAT CHANGED |
|-------------------|--|----------------|----------------------|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

8 Was there a change in payments made to persons who are claimed as federal income tax dependents who are not living with your or your spouse? ☐ YES ☐ NO
If Yes, explain what changed, list name of person(s), amount paid and who paid:

9 Did you or your spouse pay any court-ordered support in the month? ☐ YES ☐ NO
If Yes, enter the amount paid and attach receipts: \$

10 Do you or your spouse have any other information to report such as: a new address, a change in the number of aliens that you sponsor and who will receive Cash Aid, recent or expected changes in income, etc.? ☐ YES ☐ NO
If Yes, explain the change and if it is expected to be temporary or permanent, and give the date of change.

CERTIFICATION SECTION

- I understand that failing to report information or misrepresentation of facts for Cash Aid can result in legal prosecution with penalties of a fine, imprisonment or both.
- I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.

SPONSOR'S CERTIFICATION

- I declare under penalty of perjury under the laws of the State of California that the information contained in this report is true and correct and is complete for the entire report month.

| | |
|--|------|
| SIGNATURE OF SPONSOR | DATE |
| SIGNATURE OF SPONSOR'S SPOUSE (IF LIVING WITH SPONSOR) | DATE |
| SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM | DATE |

ALIEN'S CERTIFICATION

- I have reviewed this signed and completed report from my sponsor(s). I declare under penalty of perjury under the laws of the State of California that the information contained in this report is true and correct and is complete for the entire report month.

| | |
|--|------|
| ALIEN'S OR DECLARANT'S SIGNATURE OR MARK | DATE |
| SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM | DATE |

COUNTY USE ONLY

| Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources | Sponsor/Sponsor's Spouse Income Computation | |
|--|---|----|
| VALUE | | |
| A. Items: | A. Earned Income | \$ |
| | B. Less 20% of A | - |
| | (Not to exceed \$175) | |
| | C. Equals Total | = |
| | D. Plus Unearned Income | - |
| | E. Equals Subtotal | = |
| | F. Less MBSAC for sponsor and dependents (not including aliens) | - |
| | G. Equals Subtotal | = |
| B. Total | H. Less amounts paid by the sponsor for tax dependents living outside the household | - |
| C. Less | I. Less child/spousal support paid | - |
| - 1500.00 | J. Equals Subtotal | = |
| D. Equals Subtotal | K. Number of sponsored aliens in AU | = |
| = | L. Divide J by K | = |
| E. Divide D by the number of sponsored aliens on AFDC | | |
| = | | |
| The amount arrived by in E is to be included in the alien's property limits. | Amount arrived at in L shall be deemed the unearned income of each of the sponsored aliens. | |